

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## Organized Efforts in Tuberculosis Control

The Work of Charles C. Browning, M.D.

The recent death of Dr. Charles C. Browning of Los Angeles brings to public attention the important part that this pioneer tuberculosis specialist played in the successful warfare against tuberculosis in California. The history of the modern control of this disease in California begins with the organization of the Anti-Tuberculosis League in May of 1902. Dr. F. M. Pottenger, another pioneer in activities for the control of tuberculosis, proposed the formation of this league at the meeting of the Southern California Medical Society. Dr. Pottenger was elected president and Dr. Browning vice president of the new organization. Dr. Pottenger is still active in the practice of medicine.

The organization of this Anti-Tuberculosis League is of historical importance, for it came before the organization of the National Society for the Study and Prevention of Tuberculosis, now called the National Tuberculosis Association. The name of the California League was changed to the Southern California Association for the Study and Prevention of Tuberculosis, and still later its nomenclature was changed to conform to the change in the name of the national association. Afterward it developed into the California Tuberculosis Association, which is unquestionably the state's most important unofficial public health organization. The Anti-Tuberculosis League was active in the development of public interest in

sanitation and higher standards of living, with special reference to the prevention and treatment of tuberculosis. Its early work consisted mostly of the development of lecture programs by physicians and the organization of local societies in the communities of California. For several years public meetings were held at the same time that the Southern California Medical Society met. In this way the subject of tuberculosis was brought before local communities and was endorsed by the medical profession, many of the members of the society taking part in the meetings of the league.

In 1903 Dr. N. K. Foster of Oakland became secretary of the State Board of Health. Following the Spanish American War, smallpox had become quite prevalent in the various communities of southern California. While on a trip to San Bernardino to investigate smallpox, Dr. Foster became acquainted with Dr. Browning, who at that time was health officer of Highland, seven miles from San Bernardino. It was then that the work of the Anti-Tuberculosis League was first called to the attention of the State Health Officer. Methods of control were discussed and the advisability of securing community support through the endorsement and action of the State Board of Health was emphasized. These two physicians became convinced that the education of the public must constitute the foundation upon which



tuberculosis control must be developed. This meeting not only was the beginning of a most intimate friendship between the two men, which lasted throughout their lives, but also marked the beginning of the state's successful war on tuberculosis.

In 1905 Dr. Foster introduced a bill in the legislature to provide for \$5,000 to be used for educational work under the direction of the State Board of Health for the prevention and treatment of tuberculosis. The bill passed, but the appropriation was reduced to \$1,000. Dr. Foster reported his disappointment to Dr. Browning and stated that he almost wished that the legislature had appropriated nothing, thinking that the small appropriation would not make possible the carrying on of any successful educational program. The support of Edward Hyatt, then superintendent of Riverside County schools, was secured. Shortly afterward, Mr. Hyatt was elected State Superintendent of Public Instruction and through Dr. Browning's friendship with Mr. Hyatt, arrangements were made for the distribution of literature pertaining to tuberculosis control in the public schools of the state. Leaflets—one for distribution into the homes and another for the instruction of teachers—were prepared and printed, largely at the personal expense of Dr. Browning.

The following year Mr. Hyatt arranged for special addresses on the control of tuberculosis to be given before teachers in their regular institutes. Dr. Browning gave many of these lectures, and through this activity many educators became actively interested in the prevention and control of tuberculosis.

It was about this time that the establishment of a state tuberculosis sanitarium was proposed. Such institutions had been established in many parts of the United States. Dr. Foster said, "It is simply impossible to build sanatoria for all of our consumptives; hence, we should make our whole state as nearly sanitary as possible." He exerted every effort to secure the enactment of stringent laws, both state and local, that would prohibit the practices that might favor the spread of tuberculosis. He stated, "Important as are all these things, consumption can not be stamped out, nor very materially lessened, until the people find out that their home life has more to do with it than their public life." In all of his remarks upon the subject, he emphasized the fact that the eradication of the disease depended more upon education than anything else, that the people must know the dangers involved in order to avoid them, and emphasized the further fact that the disease can be arrested if treatment is started early.

In the summer of 1906 Dr. Foster recognized the

need for bringing the matter of tuberculosis control before the people of the state directly, and persuaded Dr. Browning to represent the State Board of Health in a series of public addresses to be presented in all parts of California. It was arranged to pay Dr. Browning a small salary and his expenses. Dr. Browning accepted the funds for expenses but donated the salary for the continuance of educational work. These lectures were well organized and Dr. Browning spoke from three to five times a day, addressing primary, grade and high school classes—occupying the pulpits of churches, addressing audiences assembled on lawns and in private homes, halls and public buildings. More than six weeks was devoted to this work by Dr. Browning.

In 1907 Dr. Foster then asked the legislature for \$5,000 for educational work, and he again received \$1,000. Meanwhile the tuberculosis program had become fairly well-organized in many cities, particularly those of southern California, where, because of the extensive migration from eastern states of tuberculosis patients, the control of tuberculosis constituted a major health problem. Organizations also developed in San Francisco, Oakland and other cities, and through the cooperation of the local tuberculosis association with the State Board of Health, more extensive plans in the continuance of educational work were developed.

In 1909 the Southern Pacific Railroad Company donated the use of a coach for a traveling public health exhibit and arranged for its free transportation throughout the state. Most of the exhibit was devoted to tuberculosis control, as well as the control of other important infectious diseases. Not only steam roads, but electric lines as well, carried this car free of charge, and most of the school children of the state, during a period of three or four years, were privileged to see the exhibit and hear the lectures on the control of tuberculosis that were delivered by demonstrators attached to the exhibit.

In 1911 the legislature appropriated \$5,000 for an investigation into tuberculosis in California. The State Board of Health established a Tuberculosis Commission of fifty individuals—both physicians and laymen, who were particularly interested in tuberculosis control. Dr. George H. Kress, now secretary of the California Medical Association and editor of "California and Western Medicine," was chairman of the executive committee of the commission, and Dr. Browning was the most active member. Drs. Kress and Browning conducted the investigation and prepared the final report which was published in 1913. It was largely through the recommendations made



in this report that the present plan for tuberculosis control in California has developed.

It is but natural then that the death of Dr. Browning should recall the important part that he played, not only in the development of a successful plan for the control of tuberculosis in California, but also the larger role that he played in the development of the whole public health program throughout the state. A most conscientious and hard worker, a man of high ideals with vision and a thorough understanding of the tuberculosis situation and associated problems, he was particularly well-fitted for the pioneer work that he undertook. To him and to Dr. Foster must be given full credit for their accomplishments in the development of organized efforts to raise public health standards throughout California.

### SACRAMENTO HEALTH DEPARTMENT REPORTS

Dr. Herbert F. True, city health officer of Sacramento, has issued the annual report of the Sacramento City Health Department for the year ending June 30, 1939. The report is attractively printed, has a heavy cover and contains an organization chart, together with half-tone illustrations. This is the first year that the annual report of the department, due to charter amendment, covers a fiscal year rather than a calendar year. Excellent public health services were provided taxpayers of Sacramento at the net per capita cost of fifty-eight cents. More than 60 per cent of the cost for the support of the health department was derived through license fees received largely from food and market, plumbing, sanitary and other inspections.

Dr. J. C. Geiger, Director of Public Health, San Francisco, contributed the preface to the report, which reads as follows:

#### "PUBLIC HEALTH REQUIRES CAREFUL TRAINING"

It was Bacon who made the statement, 'If a man will begin with certainties he shall end in doubts, but if he will be content to begin with doubts he shall end in certainties.'

Today the modern trend and research makes this statement adaptable to public health as a science especially with reference to filtrable viruses. The utilization of health knowledge already ascertained requires precision and training. With almost negligible exceptions, diseases of man can be controlled without one more fact becoming known. Therefore, the problem is to use administratively the medical, bacteriological, and epidemiological knowledge already acquired and accepted.

If training at the bedside is essential for the education of the young physician and the practicing physician, then instruction is equally necessary for the public health worker. This instruction should be given at the misconstrued sewer side with its saga of cross-connections with the water supply, and discharging without further treatment into streams which later become the drinking water supply of localities lower down; at the unclean milk dairy herd and shop side; at the insanitary, ill-ventilated, ill-lighted home and factory side, and at the uninformed and improperly instructed mother and infant

side. It is this type of practical training, only to be obtained in well organized health departments, that makes instruction in schools of public health so difficult. Moreover, the tendency today, oftentimes political, to place curative medicine in the public health structure, has materially enlarged the field of public health work.

Government limitations in medicine, therefore, become an argumentative reality and public health programs of the future must be more carefully scrutinized by organized medicine. There should be no problem presented, however, if the addition of curative medicine to public health procedures is limited to the indigent. This will be accompanied by accelerated public health budgets and should demand careful planning, particularly as to trained personnel. The advantage gained in centralized control is not to be under-estimated. It is important to maintain public interest in before-budget pledges in order that money voted for health purposes be used for health purposes only. Unfortunately, the use of propaganda for more laws and hospitals makes news more easily than propaganda for enforcement of laws already enacted and the effective use of hospitals already established.

If good health is a prerequisite to well being, a safeguard of intellectual and moral balance and a prime asset of nation and community, then a properly organized and adequately supported health department, as now exists in Sacramento, should be the outlet of a coherent medico-social policy for all concerned.

It is indeed gratifying to observe the intelligent way Sacramento's Public Health Department has conducted this work."

### HARD-OF-HEARING CHILDREN

"The average person does not recognize a hard-of-hearing child. A comparatively small group of people knows that there is a hard-of-hearing child, as distinguished from a deaf child. A person who can hear, but who doesn't hear well, is mistakenly called 'deaf.' The average teacher may have in a class a seriously impaired child and not be aware of it. Thousands of hearing-defective children pass through health inspection lines without detection. Children may live their entire school careers without official recognition of a serious hearing handicap. Such children have often been called mentally dull, or slow, or peculiar, and thereby have been unjustly classified with resultant mishandling. The inevitable result is an untrained mind, a warped personality, and an asocial person, inadequately prepared for citizenship or self-support; a person without self respect or security."—Warren H. Gardner, Ph.D. The American School Board Journal, 99 (Nov., 1939), abstracted by Earl E. Kleinschmidt, M.D., in The Journal of School Health (January, 1940).

Health is certainly more valuable than money, because it is by health that money is procured; but thousands and millions are of small avail to alleviate the tortures of the gout, to repair the broken organs of sense, or resuscitate the powers of digestion. Poverty is, indeed, an evil from which we naturally fly; but let us not run from one enemy to another, nor take shelter in the arms of sickness.—Johnson.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
January 6, 1940

## Chickenpox

654 cases: Alameda County 4, Alameda 1, Albany 3, Berkeley 23, Emeryville 1, Oakland 29, Piedmont 21, San Leandro 2, Calaveras County 5, Contra Costa County 1, El Cerrito 3, Pittsburg 3, Fresno County 1, Fresno 5, Kingsburg 1, Reedley 1, Glenn County 2, Inyo County 10, Bishop 1, Kern County 1, Corcoran 1, Los Angeles County 11, Alhambra 2, Burbank 1, Compton 2, Glendale 2, Inglewood 3, Long Beach 21, Los Angeles 49, Pasadena 3, San Marino 1, Lynwood 3, South Gate 3, Marin County 1, San Anselmo 1, Mendocino County 7, Monterey County 2, Carmel 5, King City 3, Monterey 3, Pacific Grove 1, Salinas 2, Orange County 46, Anaheim 1, Fullerton 3, Orange 1, Santa Ana 25, La Habra 1, Laguna Beach 1, Tustin 2, San Clemente 1, Riverside County 8, Corona 3, Riverside 38, Sacramento County 3, Sacramento 10, San Bernardino County 10, Ontario 1, San Bernardino 1, San Diego County 7, Oceanside 6, San Diego 10, San Francisco 42, San Joaquin County 12, Stockton 21, Daly City 9, Redwood City 1, San Carlos 1, Santa Barbara County 8, Santa Barbara 2, Santa Clara County 10, Mountain View 1, Palo Alto 4, San Jose 12, Santa Cruz County 1, Santa Cruz 9, Shasta County 6, Siskiyou County 2, Yreka 2, Solano County 1, Stanislaus County 9, Modesto 6, Oakdale 1, Sutter County 17, Tulare County 16, Lindsay 1, Visalia 1, Ventura County 17, Santa Paula 11, Ojai 2, Yolo County 2, Woodland 1, Yuba County 1, Marysville 2.

## Diphtheria

27 cases: Los Angeles County 2, Glendale 1, Los Angeles 6, Madera County 6, Orange County 1, Riverside County 2, Sacramento 1, San Diego County 1, La Mesa 1, San Diego 1, San Francisco 1, Shasta County 1, Stanislaus County 1, Tulare County 1, Yuba County 1.

## German Measles

12 cases: Long Beach 2, Maywood 1, San Diego County 1, Lodi 1, Santa Cruz County 1, Siskiyou County 5, Visalia 1.

## Influenza

176 cases: Berkeley 1, Oakland 1, Inyo County 1, Los Angeles County 10, El Segundo 2, Glendora 1, Long Beach 3, Los Angeles 30, Whittier 2, Madera County 1, Madera 7, San Bernardino County 10, San Bernardino 1, San Diego 1, San Francisco 3, San Joaquin County 1, Stockton 1, Santa Cruz County 15, Santa Cruz 14, Shasta County 1, Corning 68, Ventura County 2.

## Measles

315 cases: Alameda 1, Albany 1, Piedmont 1, Kern County 2, Bakersfield 1, Corcoran 1, Glendale 1, Huntington Park 1, Los Angeles 3, San Fernando 4, Merced County 1, Monterey County 1, Orange County 1, Orange 1, Santa Ana 19, Riverside County 1, Riverside 2, Sacramento County 24, San Diego County 15, Chula Vista 4, La Mesa 2, National City 93, San Diego 86, San Francisco 3, San Joaquin County 16, Lodi 1, South San Francisco 1, Stanislaus County 1, Sutter County 1, Tulare County 2, Ventura 1, Yolo County 8, Winters 1, Woodland 14.

## Mumps

198 cases: Alameda County 1, Berkeley 7, Oakland 3, Butte County 1, Fresno County 5, Reedley 1, Hanford 7, Los Angeles County 10, Alhambra 1, Glendale 1, Long Beach 10, Los Angeles 16, Monrovia 1, Montebello 1, Redondo 1, San Fernando 4, Merced County 1, Anaheim 3, Brea 1, Huntington Beach 1, Orange 3, Santa Ana 1, Riverside 1, San Diego 1, San Francisco 24, San Joaquin County 8, Manteca 1, Stockton 4, Tracy 5, Burlingame 1, Hillsborough 1, Redwood City 8, San Mateo 2, Atherton 1, Santa Barbara County 2, Santa Barbara 5, Santa Maria 1, Santa Clara County 6, Mountain View 4, Palo Alto 10, Siskiyou County 2, Yreka 2, Montague 1, Stanislaus County 2, Oakdale 3, Sutter County 1, Tulare County 11, Davis 9, Marysville 2.

## Pneumonia (Lobar)

49 cases: Berkeley 1, Emeryville 1, Oakland 8, San Leandro 1, Gridley 1, Bakersfield 1, Los Angeles County 5, El Monte 1, Long Beach 3, Los Angeles 9, Pasadena 1, Pacific Grove 1, Napa County 1, Newport Beach 1, Corona 1, Riverside 1, Sacramento 1, San Diego 1, San Francisco 3, Stockton 2, San Mateo 1, Sutter County 3, Yuba County 1.

## Scarlet Fever

137 cases: Alameda 1, Emeryville 1, Oakland 4, Butte County 6, Calaveras County 1, Richmond 1, Crescent City 1, Fresno County 5, Reedley 1, Willows 1, Imperial County 2, Los Angeles County 17, Compton 2, Glendale 1, Inglewood 1, Long Beach 1, Los Angeles 21, Montebello 2, San Fernando 1, Mendocino County 3, Merced County 2, Napa County 2, Anaheim 1, Santa Ana 1, Riverside County 3, Beaumont 1, Corona 2, Sacramento 1, Colton 1, Ontario 1, San Bernardino 1, San Diego County 4, El Cajon 1, La Mesa 1, San Diego 4, San Francisco 5, San Joaquin County 1, Lodi 1, Stockton 1, San Luis Obispo 4, San Carlos 1, Santa Barbara 3, Santa Clara County 1, Mountain

View 1, Santa Cruz County 2, Solano County 1, Stanislaus County 4, Tehama County 1, Corning 1, Tulare County 4, Porterville 1, Visalia 1, Ventura County 3, Ventura 1, Yolo County 1.

## Smallpox

No cases reported.

## Typhoid Fever

3 cases: Siskiyou County 1, Tulare County 2.

## Whooping Cough

108 cases: Alameda County 2, Alameda 3, Oakland 3, Piedmont 1, Fresno County 4, Kern County 1, Los Angeles County 8, Burbank 3, Claremont 1, El Monte 1, Long Beach 3, Los Angeles 18, Pasadena 7, Whittier 2, Lynwood 1, Merced County 1, Orange County 2, Riverside County 2, Riverside 5, Sacramento 2, San Bernardino County 1, Redlands 1, San Bernardino 1, San Diego County 4, San Francisco 10, San Mateo County 2, Redwood City 1, Santa Clara County 7, Gilroy 1, Palo Alto 1, San Jose 5, Yreka 1, Sutter County 1, Lindsay 1, Visalia 1.

## Meningitis (Epidemic)

2 cases: San Diego 1, San Francisco 1.

## Dysentery (Amoebic)

5 cases: Reedley 1, Inglewood 1, Los Angeles 1, Upland 1, Sutter County 1.

## Dysentery (Bacillary)

12 cases: Azusa 1, Los Angeles 8, Pasadena 1, San Francisco 1, Shasta County 1.

## Pellagra

One case: San Jose.

## Poliomyelitis

9 cases: Fresno County 1, Alhambra 1, Burbank 1, Sacramento County 1, San Luis Obispo 1, Siskiyou County 1, Stanislaus County 2, Fillmore 1.

## Tetanus

One case: San Anselmo.

## Jaundice (Epidemic)

One case: Redding.

## Food Poisoning

7 cases: San Francisco.

## Undulant Fever

2 cases: St. Helena 1, Stanislaus County 1.

## Septic Sore Throat

2 cases: Santa Cruz County.

## Epilepsy

38 cases: Oakland 5, Inyo County 1, Glendale 1, Long Beach 3, Los Angeles 23, Santa Monica 1, San Joaquin County 2, Stanislaus County 2.

## Rabies (Animal)

7 cases: Fresno County 1, Imperial County 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, Whittier 1, Santa Clara County 1.

There is this difference between the two temporal blessings—health and money; money is the most envied, but the least enjoyed; health is the most enjoyed, but the least envied; and this superiority of the latter is still more obvious when we reflect that the poorest man would not part with health for money, but that the richest would gladly part with all his money for health.—Colton.

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